



### Student Application

Ozarka College Aviation Summer Camp  
Thursday and Friday: June 6 – June 7 2019  
9am – 2pm Both Days  
Grades 8<sup>th</sup> – 12<sup>th</sup>  
Cost: \$60.00  
*\*Completed forms are due no later than two weeks prior to the camp start date*

### Student Information

Student Name: \_\_\_\_\_  
First MI Last

Street Address City State ZIP

Home Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-shirt size: \_\_\_\_\_

### Academic Background

What grade are you in? \_\_\_\_\_ What year will you graduate? \_\_\_\_\_

What school do you currently attend? \_\_\_\_\_

### Medical Information

Medical condition(s): (please check all that apply)

Diabetes  Epilepsy  Hearing Loss  Seizures Asthma

(specify): \_\_\_\_\_

Food allergies (specify): \_\_\_\_\_

Physical restrictions (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

Are you currently taking any medication(s)? Yes No

If yes, name of medication(s): \_\_\_\_\_  
\_\_\_\_\_



**Photo and Video Release**

By signing this form, I hereby consent that the Aviation Summer Camp program at Ozarka College, may take photographs, video, and/or electronic images of my dependent throughout the program. I further consent that such photographs, films, recordings, electronic images and the film, slides, disks, or tapes from which they are made shall be the property of the Aviation Summer Camp program at Ozarka College, and they shall have the right to duplicate, reproduce and make other uses of such photographs, films, records, and tapes for documentation and promotional purposes.

Guardian Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If guardian does not consent to photo and video release, please contact Ozarka Aviation*

**Agreement Consent Waiver and Liability Release**

—READ CAREFULLY BEFORE SIGNING—

I, \_\_\_\_\_, the guardian of, \_\_\_\_\_, in consideration of my dependent being permitted to participate in the Aviation Summer Camp Program, through Ozarka College, described as (Program), I understand and agree as follows:

I understand that my dependent will be involved in many activities that may include flight instruction, and passenger flight with other students, and that she/he may be given flight instruction with a certified flight instructor wherein she/he will handle the controls of the airplane. I understand that flight instruction and passenger flight are potentially dangerous activities that could result in personal injury, property damage, and potentially death.

In consideration of my dependent being allowed to participate in this activity, I hereby release, relieve, discharge, and hold harmless and shall indemnify Ozarka College, its trustees, officers, employees, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, or otherwise, arising out of or in connection with my dependent's participation in this Program or any travel associated with it.

If any emergency medical procedures or treatment are required while my dependent is in the care of Ozarka College, I consent to Ozarka College employees, representatives, or agents administering, arranging for, or consenting to the procedures or treatment in his/her/their discretion

To the fullest extent permitted by law, I assume full responsibility and risk, including financial responsibility, for any and all losses, injuries or damages, including medical expenses, which

my dependent may sustain when on or about the property of Ozarka College or when participating in any Program activity.

I, for my dependent, release, waive and discharge, and further agree to indemnify, hold harmless and/or reimburse Ozarka College and its board, officers, employees, agents, representatives, insurers, and others acting on their behalf, of and from all claims, demands, and actions which I, any other parent or guardian, any sibling, the student, or any other person or legal entity may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with my dependent's enrollment and/or participation in the Program or the rendering of emergency medical procedures or treatment, if any.

I further acknowledge and agree that if my dependent violates any program rules and regulations she/he will be subject to dismissal from the program and all remaining activities. If dismissed, my dependent will be required to contact me/us, the undersigned, who will be responsible for picking up my dependent immediately. I also understand that if the infraction constitutes a potential violation of the law, the appropriate authorities will be notified.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT CONSENT WAIVER.  
AND LIABILITY RELEASE AND VOLUNTARILY AGREE TO ITS TERMS  
AND CONDITIONS.

My signature below indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate.

Guardian Print: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return the Personal Information and Waiver forms by mail. The forms can be sent to:

Ozarka College  
Attention: Aviation Summer Camp  
524A Airport Road  
P.O. Box 10 Melbourne, AR 72556  
870-368-2391

Completed forms are due no later than two weeks prior to the camp start date.